DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

REPORD

PRINTED: 04/05/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
· ·		09G148	B. WING		03/15/2007
WHOLIS:	ROVIDER OR SUPPLIER FIC 03		s	TREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017	
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W 000	o3/13/2007 throug sampling of three population of five in of disabilities. This survey was in process; however, of managing the restaffing, and client process was exter the Conditions of it is Protection and Actexamination into the with these CoPs refull survey to focus Body and Manage. The findings of this observations at the programs, interview management, and administrative recincident reports. 483,420 CLIENT if The facility must exprotections required.	urvey was conducted from h 03/14/2007. A random clients was selected from a ndividuals with varying degrees due to concerns in the areas eports of unusual incidents, it is treatment programming the nded to review compliance in Participation (CoP) for Client tive Treatment. Further his facility is lack of compliance esulted in a decision to conduct so on the conditions of Governing ement, and Facility Staffing. Is survey were based on a group home and two day we with direct care staff and a review of the habilitation and PROTECTIONS	W 00	W 122 A form is in place which be used to inform client their rights as citizens. United States and of the to due process (Reference W125). Staff have been in-serve privacy, dignity, and reference with the House Manager with the	of the of the ne right nee right nee riced on espect. Fill, on a ff to w130). Oped to stigate rigin. Fixed on cies and
ABORATOR	Based on observa review the facility participation in the facility was found evidence by its fai inform clients and	tion, staff interview and record failed to meet the conditions of area of client protections. The to be non-compliant as fure to establish a system to for their advocates of the		procedures (Reference & W154). Please see he supporting documents.	04/18/07
1	Metto The	A SENTEN REGENTATIVES SIG	MARIUKE	Verdruk JEllen	Mu High

Any deficiency statement ending with an esteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that pther safeguards provide aufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

DEPAR"	TMENT OF HEALT	H AND HUMAN SERVICES			PRINTE! FOR!	D: 04/05/200: M APPROVEC
STATEMENT	RS FOR MEDICARI TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	IPLE CONSTRUCTION		<u>), 0938-039′</u> aurvey
erm.		09G148	B. WING _		921	4 = 1800 ==
NAME OF F	ROVIDER OR SUPPLIER		an:	REET ADDRESS, CITY, STATE, ZIP COD		15/2007
WHOLIS			11	1814 BUNKER HILL ROAD, NE NASHINGTON, DC 20017	114	
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W 122	attendent risks of the failed to Inform clies the facility and as a and of the right to W125]; the facility [Reference W130]; incidents of Injuries investigated timely These systemic faility managed caresiding in the facility and well being. 483.420(a)(2) PRORIGHTS The facility must early and care care the client's mediant of the client's mediant behavioral state treatment, and of the sased on observational state of the	treatment [W124]; the facility ents of their rights as clients of citizens of the United States due process [Reference failed to ensure client privacy]; and falled to ensure that were reported and / [Reference W153 and W154], illures were identified in how the ere for four of alx of the clients	W 124	W 124 (1) The system of informin clients, parent, legal gu of the client's behavior risks of treatment, and right to refuse treatment in the Individual Support Plan (ISP), whall said parties are invitiparticipate in the plant process. Client #1 has always had order for the dressing/t wrists in an incident of wound resulting from a injurious behavior. Accepted to the order, the dressing should be changed by a licensed professional two legal guardian and finvolvement. In Septem 2006, the Qualified Metactardation Professions	lardian ral status, the nt is ual nereby ted and ning ad a prn taping of a self- cording ngs vice ney, but family nber, ntal al	
2 % %T	ngnt to refuee treat bands, helmet, and	iment for the utilization of wrist in psychotropic medication for ed clients. [Clients #1 and #2]		(QMRP) filed medical a psychological affidavits the Department on Disa Services (DDS) for a leg guardian for client#1.	with ability	
		,		l .	04/18/07	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP LDING	PLE CONSTRUCTION	(X3) DATE S	SURVEY
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W 124	and 6:25pm on 3/1: observed scratchin on several occasion her hand on two occ in the living room. nurse on duty was a tape that was on bothe nurse indicated her when she bites twice a day ". Rev Support Plan dated biting was to be add strategies where state treatment intervent wrist biting or immedid not indicate that was a proactive me s wrist biting. More this client's wrists is indication of the w day does not indicate across a 24hr time evidence that a plan the wrist taping as a #1's meladaptive to addition, there was consent on file at the substantiate that this approved for implent 2. During the even 3/13/2007, Client #1 provided a drug regi and 300mg of Seroot 's Qualified Mental (QMRP) at 3:05pm #1 was without a leg #1 was without a leg #1 was without a	observations between 4:15pm 3/2007, Client #1 was g her arms, picking at her skinns, and was observed to bite casions as she sat in her chair At 4:40pm on 3/13/2007, the asked about the white wrist of of Client #1 's wrists and they were there to "protect her wrist they are changed lew of Client #1 's Behavior 10/2/2006 revealed the wrist dressed via a list of proactive aff was to engage in various ons prior to the onset of the diately thereafter. The BSP taping this client 's wrists asure for managing Client #1 over, it was not clear how long were to be taped. The nurse was not nearly being changed twice a te how it was to be managed period. There was not nearly being changed to include a means of managing Client pehavior of wrist biting. In also no written informed the time of survey to sproactive measure had been delivered and hear the proactive measure had been delivered and the proactive measur		124	W 124 (2) On April 2 nd , 2007, DDS with the court, a request legal guardian for client #Once a guardian is appoin for client #1, consents for helmet use, taping of the and medications regimen be obtained. Client #2 has on file a sign consent for psychotropic medication use.	for #1. nted wrists, will	

04/18/07

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W 124 Continued From page 3 widence on file, at the time of survey, to substantiate that written informed consent had been obtained for Client #1 's medication regimen 3. During the evening med-pass at 7:01pm on 3/13/2007, Client #2 was observed being provided a drug regimen of 3mg of Rispardal, 500mg of Tegretol, and 1500mg of Keppra of which the Tegretol was increased from 400mg to 500mg on 1/25/2007. The Risperdal is being used to manage this client 's behavior, Interview with the facility 's Qualified Mental Retardation Professional (QMRP) at 3:01/pm on 3/14/2007 revealed all documented evidence of consent for the administration of these medications being administered for Client #2 was being held at the main office. There was no evidence on file at the time of survey to substantiate that written informed consent had been obtained for Client #2 's medication regimen. W 130 W 130 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure client privacy during times of personal care for one of three sampled clients. [Client #4] The finding includes: Dûring afternoon observations at 4:55pm on 3/13/2007, Client #4 was observed lying in his		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLI	
WHOURTIC 03 WHOURTIC 04 REGULATORY OR USE DEPRICEDED BY FULL REGULATORY OR USE DEPRICED 05 FULL REGULATORY OR USE DEPRICEDED 05 FULL REGULATORY OF USE DEPRICED 05 FULL REGULATORY OF USE DEPRICEDED 05 FULL REGULATORY OF USE DEPRICED 05 FULL REGULATORY OF USE DEPRICED 05 FULL REGULATORY OF US			09G148	B. WIN	IG		03/1	5/2007
PREFIX TAG W 124 Continued From page 3 evidence on file, at the lime of survey, to substantiate that written informed consent had been obtained for Client #1 s medication regimen 3. During the evening med-pass at 7:01pm on 3/13/2007, Client #2 was observed being provided a drug regimen of 3mg of Rispardal, 500mg of Tegretol, and 1500mg of Keppra of which the Tegretol was increased from 400mg to 500mg on 1/25/2007. The Risperdal is being used to manage this client 's behavior. Interview with the facility's Qualified Mental Reterdation Professional (QMRP) at 3.01pm; on 3/14/2007 revealed all documented evidence of consent for the administration of these medications being administration of these medications being administration for Client #2 was being held at the time of survey to substantiate that written informed consent had been obtained for Client #2 's medication regimen. W 130 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during the facility failed to ensure client privacy during times of personal care for one of three sampled clients. [Client #4] The finding includes: During afternoon observations at 4:55pm on 3/13/2007, Client #4 was observed lying in his	;				18	14 BUNKER HILL ROAD, NE		
evidence on file, at the time of survey, to substantiate that written informed consent had been obtained for Client #1 's medication regimen 3. During the evening med-pass at 7:01pm on 3/13/2007, Client #2 was observed being provided a drug regimen of 3mg of Risperdal, 500mg of Tegretol, and 1500mg of Keppra of which the Tegretol was increased from 400mg to 500mg on 1/26/2007. The Risperdal is being used to manage this client 's behavior. Interview with the facility's Qualified Mental Reteration Professional (QMRP) at 3:01pm on 3/14/2007 revealed all documented evidence of consent for the administration of these medications being administered for Client #2 was being held at the main office. There was no evidence on file at the time of survey to substantiate that written informed consent had been obtained for Client #2 is medication regimen. W 130 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: based on observation and staff interview, the facility failed to ensure client privacy during times of personal care for one of three sampled clients. [Client #4] The finding includes: During afternoon observations at 4:55pm on 3/13/2007, Client #4 was observed lying in his	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	COMPLETION
3/13/2007, Client #4 was observed lying in his	W 130	evidence on file, at substantiate that wheen obtained for Cregimen 3. During the evel 3/13/2007, Client # provided a drug reg 500mg of Tegretol, which the Tegretol 500mg on 1/26/200 used to manage this with the facility 's CProfessional (QMR revealed all documents administered for Climain office. There time of survey to suinformed consent he smedication regime 483,420(a)(7) PRORIGHTS The facility must en Therefore, the facility frailed to ensure facility failed	the time of survey, to ritten informed consent had client #1 's medication ning med-pass at 7:01pm on 2 was observed being pimen of 3mg of Risperdal, and 1500mg of Keppra of was increased from 400mg to 17. The Risperdal is being a client 's behavior. Interview qualified Mental Retardation P) at 3:01pm on 3/14/2007 ented evidence of consent for of these medications being fent #2 was being held at the was no evidence on file at the obstantiate that written ad been obtained for Client #2 nen. TECTION OF CLIENTS sure the rights of all clients, ty must ensure privacy during of personal needs. In not met as evidenced by: on and staff interview, the ure client privacy during times one of three sampled clients.			A written consent for psychotropic medication has been filed in client #2 records.	² 8 .	
CMS-2067 (UZ-98) PTBYIDUS VERSIONS Obsolete Event (Tr.4) PD14	ORM CMS-264	3/13/2007, Client #4	was observed lying in his			,		

PRINTED: 04/05/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G148 03/15/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROMDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 130 Continued From page 4 W 130 W 130 bed with his lower body exposed as his attending Thirty minutes prior to the staff provided his personal care. Client #5 was also in the room at the same time. In addition, entering of the surveyors to the the exterior door in this room was also left open to facility, the CEO, in the backyard and deck. The adjoining homes in consonance with the OMRP the area can be seen from this rear door. During had in-serviced Direct Care the personal care, the attending staff made no effort to shut this door or have Client #5 removed Staff (DCS) on issues from the room. The facility failed to implement an pertaining to privacy, dignity, effective system to ensure client privacy. and respect. ₩ 153 463,420(d)(2) STAFF TREATMENT OF W 153 The staff who committed this CLIENTS gross violation has been The facility must ensure that all allegations of terminated given the fact that mistreatment, neglect or abuse, as well as he was in-serviced on the injuries of unknown source, are reported above-mentioned subject thirty immediately to the administrator or to other minutes prior to the surveyors officials in accordance with State law through established procedures. entering the facility. Staff have been in-serviced This STANDARD is not met as evidenced by: again on the subject of privacy, Based on observation, staff interview and record raview the facility failed to ensure an observed dignity, and respect. The injury was reported as required by this section for House Manager and OMRP one of three sampled clients. [Client #1] will, on a weekly basis remind staff to preserve client privacy, The finding includes: dignity, and respect. During evening observations at 4:45pm on The social worker will, on a 3/13/2007, two parallel scratch marks quarterly basis in-service staff approximately 4 1/2 inches long and 1/2 inch apart on the above-mentioned

were observed on Client #1's right arm. The

scratches appeared red and the skin was broken. The facility's House Manager was asked about

the origin of those scratches and she replied that "it probably happened at the Day Program." The scratch marks were markedly different from the other smaller marks on this client's arms and subjects.

04/18/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 153	hands. Record re a history of Self Ir clear if the injury of doing or not. On were reviewed a indication that the reported. There is time of survey to ensured complian section. 483.420(d)(3) ST CLIENTS The facility must violations are tho Based on obserview the facility	eview revealed that Client #1 has a jurious Behaviors, but it was not observed was of this client's 3/14/2007, the incident Reports second time and there was not scratches were identified or was no evidence on file at the substantiate that the facility once with the requirements of this AFF TREATMENT OF the evidence that all alleged roughly investigated. Is not met as evidenced by: ation, staff interview and recording failed to ensure that all injuries a were invested for one of the		153	W 153 A form has been develop track, report, and investing injuries of unknown ori Staff have been in-service incident reporting police procedures. The House Manager will on a daily monitor the completion incident tracking form. With reference to the secon client #1's arm, an investigation completion investigation completion investigation completion investigation completion investigation completion in client #1's reconsidered in client #1's reconsidered.	tigate gin. ced on ies and basis of the cratches icident ted, and ted. been	
₩ 158	injury observed of 3/13/2007 was not [Reference W153 483.430 FACILITY The facility must staffing requirem This CONDITION Based on observice or discovery, the staffing review, the staffing review and staffing review.	n 3/14/2007 revealed that the n Client #1's right arm on either reported nor investigated. BJ Y STAFFING ensure that specific facility	w	158		4/18/07	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT (A)D PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLET	
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W 158	Qualified Mental Re (QMRP) [See W15 sufficient support s and effective monit personal needs [Se sufficient direct car and effective monit personal needs; ar demonstrate comp Client's Behavior STANDARD Hased on observative and effection, and act w124, w130, w15 w249, and w252] 483.430(a) QUALI RETARDATION PEach client's active integrated, coordination of ser protections; failed competent and trait coordination of ser aggressive active in a suppossive active in the service of the ser	ated and monitored by the etardation Professional [9]; and falled to ensure supervision toring of clients and their es W185]; failed to ensure e staff to ensure supervision toring of clients and their not the facility staff failed to etency in implementation of Support Plans [See W193]. The systemic practices results in to provide adequate client five treatment supports. [See 53, W154, W196, W247, FIED MENTAL ROFESSIONAL The treatment program must be eated and monitored by a tardation professional. The is not met as evidenced by: The continuous and reatment; and failed to ensure the vices to ensure continuous and treatment; and failed to ensure aptive equipment for four of six he facility.	W 158.	W 158 Key goals for the QMRP upcoming quarter (May to July 2007) are: to embon intensive staff training areas of active treatment monitoring; implementate behavior support plans; maximization of the overwelfare of the clients in the population. The QMRP spend at least four days week at this facility to enthat staff are adequately trained and are implementative treatment programs specified. The psychologist will proquarterly training on the behavior support plans it client # 1 and client #2.	2007 cark g in t; tion of and rall this will in the asure enting ms as	
OGLA CLAS DA	The findings includ	e:				

CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 159	1. The QMRP fail measures to prever [Reference W249(for the QMRP fail measures to ensure [Reference W124, for the QMRP fail adequate support at the facility is staff in manage the treatmedients in the facility W189, and W193] 4. The QMRP fail received and aggret treatment regimen control client is marginary for the greatment regimen control client is marginary for the QMRP fail received the usage foot orthotics for two [Reference W436] foot orthotics for two [Reference W436] foot orthotics for two [Reference W436] foot orthotics for two perform support seduties interfere with direct client care duties interfere with direct client care duties interfere with direct client care duties, the facility for the facility for the facility for the facility for the greatment of the perform support seduties interfere with direct client care duties interfere with direct client care duties, the facility for	ed to ensure protective of client head injury. (2)] ed to ensure proactive elections. (2) (3) (4) (5) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		159	W 159 (1) Client #2 is being provid with the correct (prescribelmet. W 159 (2) Cross reference W124, wW 153, and W154. W 159 (3) The facility is now fully staffed. In the upcoming quarter, the QMRP will embark on intensive stattraining so as to ensure effective provision of ser W 159 (4) See W196, W247, W249, W252, and 263. W159 (5) Client # 1 and client #2 a being provided with the prescribed helmet and a foot orthosis respectively QMRP will, on a monthly keep track of wear and the status of adaptive equipment submit on a timely be the necessary paper work repairs or replacement.	re nkle v. The ty basis ear nents vasis	

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preparing dinner.

accommodate the other clients with their evening routine. Additionally, between 4:30pm and 4:48pm, Direct Care Staff #1 was also involved in

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AME OF P	ROVIDER OR SUPPLIER TIC 03		-	REET ADDRESS, CITY, STATE. ZIP COI 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	4:19pm, Client #5 and into his bedro his Day Program. Client #5 was who Direct Care Staff to Client #6. At a Care Staff #1 had issue for Client #4 room. Between 4 #2, and #4 were to dining room table Client #5 was left his attending staff addressing Client approximately 5:1 wheeled Client #4 rearranged the di wheelchair and fe snacks were all o again rearranged in an area where but was not afford snack with his pe going on around to meal preparations managing anothe one realized that opportunity to have	g observations on 3/13/2007 at was wheeled into the facility from when he arrived home from At approximately 4:30pm are led into the living room by #1 and placed near the wall next approximately 4:48pm Direct to address a personal needs and left Client #5 in the living and left Client #5 in the living and fed their snacks at the in direct view of Client #5. watching the others eat while (Direct Care Staff #1) was #4 's personal needs. At 1pm Direct Care Staff #1 into the dining room, hing area to accommodate his ad Client #4 his snack. Once the onsumed, the dining room was for dinner. Client #5 was sitting he was able to see the activities, and the opportunity to have any ers. With the various activities the dining room, attending to 5, rearrenging of furniture, and or client so was not afforded the re his afternoon snack.	W 185	W 185 (2) This was an oversight QMRP has developed serving checklist" to e that staff will be track often meals are served ensure that all clients provided with opport have their meals at all times.	a "meal ensure ling how l, and to are unities to	
W 189	The facility must plinitial and continu	AFF TRAINING PROGRAM provide each employee with ing training that enables the orm his or her duties effectively, mpetently.	W 189		,	
,	This STANDARD Based on intervie	is not met as evidenced by: w and record review, the facility				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	<u>. 0938-0391</u>
	OF DEFICIENCIÉS OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIFLE CONSTRU LDING	ICTION	(X3) DATE S COMPLI	URVEY EYED
		09G148	B. Wil	IQ	·	_03/1	5/2007
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS	S, CITY, STATE, ZIP COD	E	
WHOLIS	TIC 03				HILL ROAD, NE N, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH	OVIDER'S PLAN OF CORI I CORRECTIVE ACTION S REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
W 189	Continued From partialled to ensure the behavior managemensure adequate particular and subsequent refacility is Direct Cabenavior managemensure adequate particular and subsequent refacility is Direct Cabenavior managemensure adequate particular and subsequent refacility is Direct Cabenavior managemensure adequate particular program evidence that effect implemented to enactive treatment particular active treatment parti	age 10 at each employee implement ment plans as written; failed to personal care; and failed to stent documentation of client quired by their Individual two of three sampled clients. #4] be: ons of client care on 3/13/2007 cord reviews revealed the are staff failed to implement ment plans as written; failed to personal care; and failed to estent documentation of client quired by each client's a Plans. There was no citive training has been sure the implementation of ans and the overall safety and f three sampled clients of three		W 189 The QI Staff h implem support collection of behat The ps quarte on the to enst collection W 189 For never on a meastaff transper tra	(1) MRP and Direct ave been in-serventation of behavior and document avior data. See haychologist will, or ly basis in-servent above-mentione are effective data ion. (2) w hires, the QMI onthly basis coordining with the ement on Disabilities (DDS) in areas ientation of behavior, accurate	Care iced on avior entation erewith. on a ice staff d areas 4/18/07 RP will, rdinate ity such as avior collection	DATE
	Qualified Mental R 2:55pm on 3/14/20 Staff #1 works acro agency to " fill-in " This direct care sta	etardation Professional at 607 revealed that Direct Care 685 several houses within the wherever staffing was limited. Aff was new to this facility and it		data, ir Individ goals, a	ocumentation of nplementation o lual Support Pla and preservation y, dignity and re	f n (ISP) of client	,
,	was not clear how location. Interview 6:45pm on 3/13/20 this facility for five during his interview care staff has only weeks. Record re-	long he has been at this with Direct Care Staff #1 at 107 revealed he has been at weeks. The QMRP indicated on 3/14/2007 that this direct been at the facility for two view failed to reflect that this the necessary training and		evidend trainin Manag monito above-i	ce of DDS's mon g calendars). Th er will, on a dail r the effectivene mentioned traini h proper implen	thly e House y basis ss of the ngs	

PART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES		,	·		APPROVED . 0938-0391
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE	CONSTRUCTION	(X3) DATE S COMPLE	
		09G148	B. WI	4G		03/1	1 <i>5/</i> 2007.
WHOLIST	ROVIDER OR SUPPLIER	,	,	181	ET ADDRESS, CITY, STATE, ZIP CODE 4 BUNKER HILL ROAD, NE SHINGTON, OC 20017	<u>.</u> .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	TIX	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 189	and behavioral nee #4. [Reference W 3. The observation of subsequent refacility is Direct Control of the subsequent refacility is Direct Control of the sure adequate programmer of the staff was provided to ensure the heal clients. This system the failures cited in [Reference W193 W252]	d for managing the personal adds of Clients #1, #2, #3, and /193, W185, W249] ons of client care on 3/13/2007 accord reviews revealed the are staff failed to implement ment plans as written; failed to be be be a client and failed to be		189	W 189 (3) Cross reference W189	(2))4/18/07	
	Staff must be able techniques neces to manage the Institute of the Institu	a to demonstrate the skills and sary to administer interventions appropriate behavior of clients. is not met as evidenced by: ations, staff interviews and the the facility staff failed to petency in implementation of ior Support Plan (BSP). de: pservations on 3/13/2007 and 7:40pm Client #1 was ag several of her targeted aviors (i.e. skin picking, biting, etc). The facility 's direct		193	W 193 Staff have been trained behavior support plant client #1 and client #2 psychologist will, on a quarterly basis in-ser on proactive measure interventions to behave management, and documentation of behave placed. The House will, on a weekly basis staff to ensure compliant.	ns for L. The vice staff es, vior navior manager s monitor	

EMAKIMENT OF HEALTH AND HUMAN SERVICES

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INTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	<u>. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IULTIPLE ILDING	E CONSTRUCTION	(X3) DATE.S COMPLE	
rea N			1		· · · · · · · · · · · · · · · · · · ·	ł	1
R.		09G148	B. WI	4G		03/1	5/2007
ME OF PI	ROVIDER OR SUPPLIER TIC 03			1814	T ADDRESS, CITY, STATE, 2IP CODE 4 BUNKER HILL ROAD, NE SHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENCIES Y MUST BE PRECÉDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TA(ıx X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	NULD BE	(X5) COMPLETION DATE
W 193	Continued From pa	age 12	. W	193			
	care staff failed to strategies as preso management plan. reinforce some of t were being exhibite	implement the proactive prize in this client 's behavior Staff was also observed to the maladaptive behaviors that ad by this client because they	,				,
√ 195	presented in the wides 483.440 ACTIVE T	nting the proactive measures as ritten plan. [Reference W249] REATMENT SERVICES	w	195			
		requirements are met.	•	-			
	Based observation reviews, the facility and comprehensive behavioral care to well being of a clied ensure client choice facility failed to imprograms as writtensure that staff defice, reflective of a [W252]; and the facommittee failed to obtained prior to the behavior manager.		,		W 195 Please refer to: W196; V W249; W252; and W 26 04/	- 1	
W 196	the facility's failure facility in a manner are provided active their identified nee 483.440(a)(1) ACT	Eceive a continuous active	· ·	196			
	treatment program	, which includes aggressive,			1		

Ø 015/038

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LI ARCHILLA OF TEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE/SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G148 03/15/2007 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 196 Continued From page 13 W 196 consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: 7.7. Based on observation, interview, and record review, the facility failed to ensure clients received W 196 (1) a continuous active treatment program, which includes aggressive, consistent implementation of Staff have been trained on the a behavioral management program, for two of the behavior support plans for three sampled clients. [Client #1] client #1 and client# 2. The psychologist will, on a The findings include: quarterly basis in-service staff During evening observations between 4:15pm on proactive measures, and 6:25pm on 3/13/2007, the facility failed to interventions to behavior prevent [maladaptive] behavior by encouraging [Client #1] to point to appropriate, desired objects management, documentation of behavior episodes, and the as prescribed in her Behavior Support Plan. use of helmet for client #1 [Reference W249, Citation #1(a)] during waking hours. The During evening observations between 4:15pm House manager will, on a and 6:25pm on 3/13/2007, the facility failed to weekly basis monitor staff to prevent [maladaptive] behavior by encouraging ensure compliance. [Client #1] to gesture pain, needs, and/or discomfort " as prescribed in her Behavior 04/18/07 Support Plan. [Reference W249, Citation #1(b)]

During evening observations between 4:15pm

and 6:25pm on 3/13/2007, the facility failed to ensure that Client #1 " not allow her to sit idle for

CENT	CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM	: 04/05/2007 APPROVED 0938-0391
STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i i	ULTIPL LDING	E CONSTRUCTION	(X3) DATE S	URVEY
		09G148	B. WII	IG		03/4	E/2007
	PROVIDER OR SUPPLIER STIC 03	,		181	ET ADDRESS, CITY, STATE, ZIP CO 4 BUNKER HILL ROAD, NE ASHINGTON, DC 20017		5/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X8) COMPLETION DATE
₩ 196	Benavior Support P Citation #1(c)] 4. During evening 3/13/2007, the facili least five minutes a of activities or locati	e" as prescribed in her lan. [Reference W249, observations at 4:15pm ty falled to "give [Cilent #1] at dvance notice when a change lon was going to occur" as	W	96			
Total Control	5. During evening and 6:25pm on 3/13 implement the presculent #1" decrease aggressive behavior	Shavior Support Plan	٠.		W 196 (2), (3), (4), (5) Cross reference W19		·
	that Client #1 " weal hours to prevent initial	etween 4:15pm and 7:40pm ed the facility failed to ensure r her helmet during waking my to her head" as prescribed bort Plan. [Reference W249,					
W 247	Client #2 as prescrib Plan. [Reference W	DIVIDUAL PROGRAM PLAN	W 24	.7			
April 10	This STANDARD is Based on observation	not met as evidenced by: and staff interview, the			,		

PRINTED: 04/05/2007 SEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** OMB NO. 0938-0391 SENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING

09G14B	B. WING	03/15/2007
	STREET ADDRESS SITY STATE 7/B CODE	

NAME OF PROVIDER OR SUPPLIER

WHOLISTIC 03

STREET ADDRESS, CITY, STATE, ZIF 1614 BUNKER HILL ROAD, NE WASHINGTON, DC 20017

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG		DATE
W 247	Continued From page 15	W 247	,	

facility failed to ensure that clients were allowed the opportunity to exercise their rights for meal choices during dinner for two of three clients residing in the facility. [Clients #1 and #5]

The findings include:

- 1. During dinner observations at 6:36pm on 3/13/2007, Client #1 was observed eating a pureed meal of stewed chicken, fried rice, and peaches. While staff was aiding this client to eat her meal, the staff tipped the plate over by mistake and the three sections of food mixed together and fell on Client #1 's bib. The pureed peaches and chicken spilled over into each other and some of the fried rice that was in Client #1 's mouth also spilled into the peaches as the staff worked to control the spillage of food when the plate tipped over. After the staff cleaned off Client #1 's bib and readjusted the plate onto the table in front of the client, the staff continued to feed Client #1 her meal. The staff served the mixture of peaches and chicken to the client and also served the mixture of regurgitated rice and peaches to her as well. Client #1 ate all of what was left in her plate after it tipped over. At no time did staff take an account of the " mixed ' food nor offered the client the opportunity to choose a fresh plate of food.
- During dinner observations at 6:36pm on 3/13/2007, Client #5 was observed being served a pureed meal of stewed chicken, fried rice and peaches. Client #5 was observed to eat the first three spoons of food that staff gave him. About the fourth or fifth spoon of food, Client #5 began to grimace, turn his head away, and firm his mouth shut as staff attempted to serve him his meal. The attending staff continued to feed Client

$\overline{\mathbf{W}}$ 247 (1)

Staff have been in-serviced by the social worker in areas of providing choices during meals, and active treatment. The OMRP will, put a notice of reminder in all active treatment records reminding staff to provide choices during meals and other activities, and not to return spilled food into a client plate.

04/18/07

SEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	OMB NO.	<u>. 0938-0391</u>
TEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIP ILDING	E CONSTRUCTION	(X3) DATE S	
		09G148	B. Wil	NG	· · · · · · · · · · · · · · · · · · ·	03/1	5/2007
MAME OF P	ROVIDER OR SUPPLIER			16	ET ADDRESS, CITY, STATE, ZIP CODE 14 BUNKER HILL ROAD, NE ASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 247	#5 hi s meal but Cl more reluctant to e staff was being me with each additionaraise his tone of vonot clear what pror subsequent feeding of spoons, but staff client any additiona 483.440(d)(1) PRO As soon as the interformulated a client must retreatment program interventions and sand frequency to sobjectives identified plan. This STANDARD Based on observative review the facility for receive interventions and Clients. [Clients #1] The findings Included 1. During evening and 6:25pm on 3/1 observed scratching on several occasion her hand on two ocin the living room.	ient #5 appeared to growing eat. During that process, the eat with increasing resistance al spoon of food and had to olde to gain compliance. It was impted Client #5 to resist the grattempts after the first couple from the was not observed to offer this al choice(s) of items to eat. OGRAM IMPLEMENTATION endisciplinary team has a individual program plan, exceive a continuous active consisting of needed services in sufficient number upport the achievement of the drin the individual program. Is not met as evidenced by: It is not met as e		249	W 247 (2) The social worker has i serviced staff on providicients with choices during all and active treatm Staff is being advised to to client #5's mealtime protocol. The House Ma and/or a nurse on duty, a daily basis supervise simeeting the needs of clieduring meal time.	ing ent. adhere enager, will on taff in	
1	proactive interventi	ons which were created to					•

2019/038

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G148 .	B. WING		03/1	15/2007	
MAME OF P	PROVIDER OR SUPPLIEF		181	ET ADDRESS, CITY, STATE, ZIP C 4 BUNKER HILL ROAD, NE SHINGTON, DC 20017			
(X4) ID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 249	manage and ultime this client 's malater 10/2/2006 Be recommendations comply with these presented below: a. Recommendations comply with these presented below: a. Recommendations to presented below: a. Recommendations to proper to a desired, approper to a desired, appropriately failed afforded the opposite of the opposite of the prescribed by this implement her be prescribed. b. Recommendations the prescribed. b. Recommendations the prescribed of the opposite	nately lessen the frequency of adaptive behaviors as outlined in havior Support Plan (BSP). The s and the facility 's failure to a recommendations are	W 249	W 249 (1a) Cross reference W19 W 249 (1b) Cross reference W19			

CENTE	IMENIOF HEALI	AND HUMAN SERVICES	•		PRINTEC	: 04/05/200
CENTE	RS FOR MEDICARI	& MEDICAID SERVICES			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTH A BUILDING	PLE CONSTRUCTION	(X3) DATE'S	
	·	09G148	B. WING			
NAME OF	PROVIDER OR SUPPLIER		270	ET ABBETTA DITT		5/2007
WHOLIS	STIC 03	•	18	EET ADDRESS, CITY, STATE, ZIP CO 114 BUNKER HILL ROAD, NE (ASHINGTON, DC 20017)DE	
(X4) ID PREFIX TAG	I LACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO. (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ISUONIDEE .	(X8) COMPLETION DATE
W 249	Continued From pa	ige 18				-
	put on/taken off fro failed to ensure the opportunity to expre discomfort level an	m her hands. The facility It this client was afforded the ess her needs, pain and/or It failed to implement her It plan as prescribed.	W 249			
	as a proactive mea maladaptive behave sitting in a chair in the 4:15pm to 6:25pm of the facility is staff during the period of the gloves were beinhands. The facility afforded the opportunity treatment plan.	ion #3: The facility should "not sit idle for long periods of time" sure to manage her fors. Client #1 was observed the living on 3/13/2007 from with little to no staff interaction. did not interact with this client observation apart from when the put on/taken off from her failed to ensure this client was unity to be engaged in "any" as prescribed in her		W 249 (1c) Cross reference W196 W 249 (1d)	5 (1).	
O. Carrier	five minutes advance activities or location 4:15pm, Client #1 wan, taken to a chair dining room table) a approximately 12 miclients were escorted everyone was in the her to her bedroom to have changed. She sat in 5 minutes before statically in the living roof 5:23pm, staff escorted able for dinner. At near the path of the context in the living roof able for dinner.	on #4: To manage client, sor, "give [Client #1] at least e notice when a change of was going to occur". At as escorted from the facility In the living room (near the not allowed to sit for nutes as the other three different he van. Once facility, staff then escorted and she was allowed to sit for before she was escorted to be her undergarments her room for approximately if escorted her back to the m. Later on at approximately ded the "five minutes"		Cross reference W196	5 (1). /18/07	

W 249 Continued From page 19 advance notice" as recommended by her Behavior Support Plan. The facility failed to ensure that this client 's behavioral interventions were implemented as prescribed. 9. Recommendation #5: As a proactive measure, "gloves should be placed on [Cilent #1' s] hands only if she does not respond to verbal prompts to cease skin picking behavior gloves will be worn for two-hour increments and removed at the end of the two-hour period If skin picking resumes. staff will again give [Cilent #1] one verbal prompt to stop the behavior. If she does not respond to the verbal prompt and continue to engage in skin picking, the gloves will again be placed on [Cilent #1' s] hands. " The facility 's staff did not interact with this cilent during the period of observation apart from when the gloves were being put on/taken off from her hands. In addition, the facility 's staff did not enforce the measure of verbally prompting this client to stop the skin picking prior to implementing the gloves. The direct care staff also did not utilize the gloves in the proper duration as prescribed in this client' s treatment plan. On each occasion that a direct care staff intervened, the gloves were removed 10 minutes			AND HUMAN SERVICES				FORM	021/038 04/05/200/ APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER WHOLISTIC 03 SUMMARY STATEMENT OF DEFICIENCIES 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 PREFIX REGULATORY OR US I DENTIFYING INFORMATION) W 249 Continued From page 19 advance notice" as recommended by her Behavior Support Plan. The facility failed to ensure that this client 's behavior interventions were implemented as prescribed. B. Recommendation #5: As a proactive measure, "gloves should be placed on [Client #1" s] hands only if she does not respond to the two-hour period If she does not respond to the two-hour pe						ECONSTRUCTION		
WHOLISTIC 03 SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 1914 BUNKER HILL ROAD, NE WASHINGTON, NE WASHINGTON			09G148	B. Wil	lG		03/1	5/2007
PRÉFIX TAG REGULATORY OR USE I PERCEDED BY FULL TAG REGULATORY OR USE I DENTIFYING INFORMATION) W 249 Continued From page 19 advancé notice" as recommended by her Behavior Support Plan. The facility failed to ensure that this client is behavioral interventions were implemented as prescribed. 9. Recommendation #5: As a proactive measure, "gloves should be placed on [Client #1' s] hands only if she does not respond to the verbal prompts to cease skin picking behavior gloves will be worn for two-hour increments and removed at the end of the two-hour period If skin picking resumes, staff will again give [Client #1] one verbal prompt to stop the behavior. If she does not respond to the verbal prompt and continue to engage in skin picking, the gloves well again be placed on [Client #1' s] hands. " The facility's staff did not interact with this client during the period of observation apart from her hands. In addition, the facility's staff did not enforce the measure of verbally prompting this client to stop the skin picking prior to implementing the gloves. The direct care staff also did not utilize the gloves in the proper duration as prescribed in this client's treatment plan. On each occasion that a direct care staff intervened, the gloves were removed 10 minutes		TIC 03			1814	BUNKER HILL ROAD, NE		,,,,,,,,
advance notice" as recommended by her Behavior Support Plan. The facility failed to ensure that this client 's behavioral interventions' were implemented as prescribed. e. Recommendation #5: As a proactive measure, "gloves should be placed on [Cillent #1' s] hands only if she does not respond to verbal prompts to cease skin picking behavior gloves will be worn for two-hour increments and removed at the end of the two-hour period If skin picking resumes, staff will again give [Cilent #1] one verbal prompt to stop the behavior. If she does not respond to the verbal prompt and continue to engage in skin picking, the gloves will again be placed on [Cilent #1' s] hands. " The facility's staff did not interact with this client during the, period of observation apart from when the gloves were being put on/taken off from her hands. In addition, the facility's staff did not enforce the measure of verbally prompting this client to stop the skin picking prior to implementing the gloves. The direct care staff also did not utilize the gloves in the proper duration as prescribed in this client' s treatment plan. On each occasion that a direct care staff intervened, the gloves were removed 10 minutes	PRÉFIX	(EACH DEFICIENG	Y MUST BE PRECEDED BY FULL .	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(XS) COMPLETION DATE
later. In addition, on each occasion where the gloves were implemented, staff did not verbally redirect Client #1 before using the gloves on her hands. Staff was observed to redirect Client #1 " as " the gloves were being placed on her hands. The facility failed to ensure the proper implementation of this restrictive measure as		advance notice" as Behavior Support I ensure that this clic were implemented e. Recommendar measure, "gloves as hands only If she prompts to cease a will be worn for two at the end of the two resumes, staff will verbal prompt to sinot respond to the engage in skin plot placed on [Client # staff did not interact period of observation were being put on addition, the facility measure of verball the skin picking prompts to streatment plan. On each occasion intervened, the glo later. In addition, of gloves were implemedirect Client #1 thands. Staff was as "the gloves were the facility failed to the skin ploves were started to the gloves were made to the gloves were the facility failed to the same that the gloves were made to the gloves were ma	Plan. The facility failed to ent's behavioral interventions as prescribed. Ition #5: As a proactive should be placed on [Cilent #1' a does not respond to verbal skin picking behavior gloves behour increments and removed wo-hour period If skin picking again give [Cilent #1] one top the behavior. If she does verbal prompt and continue to king, the gloves will again be in a part from when the gloves taken off from her hands. In y's staff did not enforce the ly prompting this client to stop ior to implementing the gloves. If also did not utilize the gloves ion as prescribed in this client that a direct care staff was were removed 10 minutes on each occasion where the mented, staff did not verbally before using the gloves on her observed to redirect Cilent #1"	W	249	Cross reference W196		

2. Observations between 11:30am and 12:30pm

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		AND HUMAN SERVICES			FORM	D: 04/05/2007
***ATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB NO (X3) DATE S COMPL	
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NAME OF F	PROVIDER OR SUPPLIER	1,	57	REET ADDRESS, CITY, STATE, ZIP CODE		15/2007
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Arti	on 3/14/2007 revea observed eating he without wearing her dining hall at her da polished concrete flindicated that she without wearing her Upon reaching the some some some some some some some som	aled that Client #1 was or lunch at her day program rhelmet. The floor in the ay program appears to be a floor. Staff at the day program was allowed to eat her lunch rhelmet as a normal routine. residential facility, the facility dabout Client #1" s helmet on 3/14/2007 he stated that he to take her helmet off ot having any behaviors." caled Client #1's BSP dated ends "[Client #1] should wear waking hours to prevent injury facility failed to ensure that this interventions were	W 249	W 249 (2) A case conference was he with the day program on 04/17/07 to discuss implementation of client behavior support plan. A the residential facility ha in-service on 04/09/07 on pertaining to the behavior management plans. Duri in-service, the psychologicarified how often client should have her helmet of "client #1 should wear he helmet during waking he out?" W 249 (3) The psychologist has addressed the issue of wignore client #2 when sl spitting at someone. Staff have been in-servithow to intervene when #2 is spitting at someone.	#1's Also, ad an a issues or ing the ist t #1 on — er ours." 6/07	

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AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY
s R≧* }		09G148	B. WING	· · · · · · · · · · · · · · · · · · ·	03/	15/2007
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W 249	plan had been clari implemented the transplant of the facility failed to behavioral intervent prescribed. Note: when the survey tended the Client #2 's spitched to stop. 483.440(e)(1) PROData relative to accessecified in client in	re evidence that the written fied to ensure that staff eatment plan as prescribed. I ensure that this client's tions were implemented as There were several occasions am was out of direct sight of thing incidents, but could hear bout Client #2's spitting and GRAM DOCUMENTATION complishment of the criteria dividual program plan documented in measurable	W 24			
	Based on observation review the facility fairness implementation of a documenting the frobehaviors as recombehaviors as recombehavior managem sampled Clients. [6] The findings included the findings	an effective system of squency of maladaptive immended In a Client's ent plan for two of three Clients #1 & #2]				

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; A BUILDING (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) PROVIDER OR SUPPLIER (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED

03/15/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY W 252 Continued From page 22 W 252 revealed that Client #1's Behavioral Support Plan W 252 (1) (BSP) dated 10/2/2006 prescribes to "document Staff have been trained on . on the ABC Data Collection Form each time effective data collection. The [Cllent #1] displays: 1) Self-injurious Behavior psychologist will, on a (wrist biting, head banging, skin picking and quarterly basis train staff on scratching." This monitoring tool devised in the BSP provided a means for assessing the accurate documentation of progress and the effectiveness of the behavioral behavior data. interventions (proactive strategies). The facility The House Manager will, on a falled to implement the data collection as daily basis monitor staff to prescribed by the BSP. ensure that behavior data are 2. During evening observation between 4:15pm accurately documented. and 7:40pm, Client #2 was observed to spit at 04/18/07 staff approximately eight times. The most egregious incident occurred when staff was preparing the table for dinner and Client #2 spit directly on the support staff 's face. The support staff became very agitated and stated that " she ' s been spitting at me all afternoon. " The facility ' s Nurse on duty advised the staff that she should be documenting these episodes. That support staff responded, " I'm definitely documenting this one. " Record review on 3/14/2007 revealed the episodes of spitting that were observed by the survey team was not documented in Client #2 's W 252 (2) data collection sheets. Review of Client #2 ' 5 Cross reference W 252(1). Behavior Support Plan dated 4/4/2006 revealed the facility staff was to document when this client 04/18/07 spits " on or at people ". There was no evidence that staff has ensured accurate documentation of Cilent #2 's maladaptive behavior of spitting on and spltting at people as required by her treatment plan. W 263 483.440(1)(3)(11) PROGRAM MONITORING & W 263 CHANGE The committee should insure that these programs are conducted only with the written informed

FCRM CMS-2567(02-99) Previous Versions Obsolete

Event ID:4LPD11

Facility ID: 09G148

If continuation sheet Page 23 of 29

04/20/2007 14:44 FAX Ø 025/038 PRINTED: 04/05/2007 REPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 SENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING B. WING 09G148 03/15/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC. 20017 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 263 W 263 Continued From page 23 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that programs which incorporate restrictive techniques and the use of W 263 (1) medications to control behaviors were conducted Cross reference W124 only with the written informed consent of the client 04/18/07 or legal guardian for two of the four clients included in the sample. (Clients #1 and #3) The findings include: W 263 (2) There was no evidence that written informed consent had been obtained for restrictive Client #2's signed consent for intervention used as a part of a Behavior Support psychotropic medication use Plan to include wrist bands, helmet, gloves and has been filed in her records at psychotropic medications for Client #1. the facility. See evidence [Reference W124] herewith. There was no evidence that written informed 04/18/07 consent had been obtained for restrictive intervention used as a part of a Behavlor Support Plan to Include psychotropic medications for Client #2. [Reference W124] W 382 483.460(I)(2) DRUG STORAGE AND W 382 RECORDKÉEPING The facility must keep all drugs and biologicals

administration.

locked except when being prepared for

This STANDARD is not met as evidenced by: Based on observation of the medication administration, the facility failed to ensure the security of medications during medication

DENTE	IMENI OF HEALTH	H AND HUMAN SERVICES E & MEDICAID SERVICES			•	FORM	D: 04/05/2007 M APPROVED
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W 382	Continued From pa	age 24 ·	W 38	12			
		wo of three clients residing in		"	W 382 (1)		
Andrews	The findings include				The TME in question was supposed to administer		
II Ale	1. During observa	ation of the evening med-pass and 7,19pm on 3/13/2007, the			medication at this facility		
1140	recility is Trained M	Medication Employee (TMF)			because there is always a Licensed Practical Nurse		
:	was observed walk	ling upstairs from the			on shift who is charged w	•	
repaires fot	medication tray con	ay of medications to be ents #1, #2, and #4. This asisted of packaged sets of			medication administration		
V ;	Lopressor, Seroque	el. Timolol. Tegretal		i	However, the said TME	has	
	Various dosages ar	Suifate, and Risperdal in nd quantities to be dispensed			been in-serviced on medi	cation	
	TO Clients #7 and #2	2. The facility's TMF started	1	·	administration protocol,	which	
	i ner administration c	Of the medications with Client			includes: assembling of	1 b	
	medications on a ta	s room and placed the able next to where Client #4			equipment before medica		
	was seated in his w	theelchair. The small table			administration; securing medication; administrati		ľ
٠,	i sne used was well v	within arm 's reach for Client ie realized she didn 't have on			documentation.	оп, апч	
) any gloves, so she (Ayited the room and work			documentation,		
, e 	down the hall and in	nto the living area to get her o		\cdot	The facility RN will, on a	L	
i de la companya de l	han or involet GIOA6	es. Approximately two minutes and commenced her routine			quarterly basis in-service		
ii.	and provided Client	#4 his evening medications		.	on medication administra		
	I THE TIME TAILED TO E	SDSU(e the security of the			protocols.		
,	medications during	a medication administration.	/	[04	/18/07	
ħ.	2. During observat	tion of the evening med-pass			• ,		
	регмеси с:эфргі ал	1d 7:19pm on 3/13/2007 the					
	ISCHIMA S I USIDECI W	ledication Employee (TME) 2 's room after providing					
	Chent #4 his medica	ations. She entered the room			W 382, 2		
	and blaced Cited! #2	2 'S Medications on a small		-	Cross reference W382, 1	}	
į	rapie iu ruis clieut, 2	s room. One of the facility 's			04	1/18/07	İ
i	miecr cale statt MSI	ked Client #2 into her room for tions. The TME again					
- I'	ALCO CAGUILIS INSCRESS	uons, ine ime again (1		

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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W 382	and exited the room gloves. On her was pulled the door shuteam cracked the computes while the TME value while the TME value and begain evening medication the security of the medication adminis 483.470(g)(2)/SPA The facility must fur and teach clients to choices about the underling and other cand other devices it.	eeded a fresh pair of gloves in to get a fresh pair of rubber y out of Client #2 's room, she t behind her. [The survey loor to keep an eye on Client was away from the room.] minutes later the TME in to provide Client #2 with her ins. The TME failed to ensure medications during a stration CE AND EQUIPMENT mish, maintain in good repair, ouse and to make informed use of dentures, eyeglasses, communications alds, braces,	Wá						
	Based on observat review, the facility for provided prescribed ensure that clients footwear; failed to a compression socks client's wheelchair for three of six client (Clients #1, and #2). The findings included 1. During evening and 7:40pm on 3/1 reaching under her								

DENTIFICATION NUMBER: A BUILDING D9G148 B. WING D3/15/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WASHINGTON, DC 20017 CEACH DEFICIENCY MUST BE PERCEDED BY FULL OR REGULATORY OR 1 SC IDENTIFYING INFORMATION OR REGULATORY OR 1 SC IDENTIFY INFORMATION OR REGULATORY OR 1 SC IDENTIFY INFORMATION OR REGULATORY OR 1 SC ID	ATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII TI	DI E CONSTRUCTION		APPROVI 0. 0938-03
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SOLISTIC 03 SUMMARY STATEMENT OF DEFICIENCIES (PAGH DEFICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LEC IDENTIFYING INFORMATION) WA 436 Continued From page 26 Was able to fit her hand underneath her helmet and scratch several areas of her hand while her helmet was still strapped on. On each episode, after she finished scratching her head, she moved the helmat from aide to side in effort to reposition it squarely on her hand. The helmet appeared to be grossly oversized for her head even when the chin straps were securely fastaned. Record review revealed that Client #1 was fitted for a better fitting helmet on 2226 /2007 as indicated in her quarterly Physical Therapy assessment. Interview with the facility 's Qualified Mental Retardation Professional (CMRP) at 2:23pm on 3/14/2007 revealed Client #1 behowed the survey learn the new helmet and further explained that the chose not to provide it to Client #1) because he felt the current helmet was in "good condition" and didn't indeed to be replaced. The facility falled to ensure that Client #1 was provided the proper and necessary adaptive equipment to ensure her health and safety as required by both her Physical Therapys and Psychologist. 2. During avening observation from 4:15pm to 4:35pm pm on 3/13/2007, Client #2 was observed waring a pair of black leather shoes. The heels and structure of both shoes were extremely worn. The right shoe was constructed with a metal hinged brace attached to it. The back of each shoe was flattened to resemble a pair of " slide on " shoes. Both shoes were poorly fitting and were observed dragging off Client #2" is feet as she was wheeled from the van along a small patch of gravelyrass, up the winding famps of the wooden rear deck and alone the floor inside on the was not and an alone to the floor inside on " shoes. Both shoes were poorly fitting and were observed dragging off Client #2" is feet as she was wheeled from the van along a small patch of gravelyrass, up the winding ramps of the wooden rear deck and alone the floor		<u> </u>	09G148	B. WING		חצוי	I <i>S/</i> 2007
### BUNKER HILL ROAD, NE ### WASHINGTOR, DC 20017 SUMMARY STATEMENT OF SERGENCIES CACH DEFICIENCY MUST BE PRECEDED BY YOU.L. REGULATORY ON LISC IDENTIFYING INFORMATION ACCOUNTY ON LISC IDENTIFYING INFORMATION W 436 Continued From page 26 was able to fit her hand undermeath her helmet and scratch several areas of her head while her helmet was still strapped on. On each episode, after she finished scratching her head, she moved the helmet from side to side in effort to reposition it squarely on her head. The helmet appeared to be grossly oversized for her head even when the chin straps were securely fastened. Record review revealed that Client #1 was fitted for a better fitting helmet on 226 (2007 as indicated in her quarterly Physical Therapy assessment. Interview with the facility 's Qualified Mental Retardation Professional (CMRP) at 2:23pm on 3/14/2007 revealed Client #1 's new helmet was completed and delivered to the home approximately two weeks ago. He showed the survey team the new helmet and further explained that he chose not to provide it to [Client #1] because he fait the current helmet was in "good condition" and didn't need to be replaced. The facility falled to ensure hat Client #1 was provided the proper and necessary adaptive equipment to ensure her health and safety as required by both her Physical Therapist and Psychologist. 2. During evening observation from 4:15pm to 4:35pm pm on 3/13/2007, Client #2 was observed wearing a pair of black leather shoes. The heels and structure of both shoes were extremely worn. The right shoe was constructed with a metal hinged brace attached to it. The back of each shoe was flattened to resemble a pair of "side on " shoes. Both shoes were poorty fitting and were observed dragging off Client #2 's feet as she was wheeled from the van along a small patch of gravelygrass, up the winding ramps of the wooden rear deck and along the floor inside.	W/E OF P	ROVIDER OR SUPPLIER		STR	REET ADDRESS, ÇITY, STATE, ZIP CO		012001
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		•	(X3) DATE S COMPLI	
		09G148	B. WIN	1G		03/1	5/2007
NAME OF P	ROVIDER OR SUPPLIER TIC 03		·	18	EET ADDRESS, CITY, STATE, ZIP COD 14 BUNKER HILL, ROAD, NE ASHINGTON, DC 20017	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SKOULD BE	(X5) COMPLETION DATE
W 436	This client was late facility in an unstead slip in and out of the along the way. Reprogram held a Cato address the Client The Day Program Therapy Assessmenthe issue and the edetails the following. She has a pain upper and wood so in poor condition. b. There was a morthosis attached the straps are worn. c. The soles and worn. c. The soles and worn. [Client #1]: the shoes. d. The shoe string do not allow the shoes. This PT assessment following intervention. [Client #1] word the shoes should her foot. A firm he sole will address the toe box. Consider	er observed walking around the ady fashion as her heels would a shoes and the metal brace cord review revealed the Day ise Conference on 8/16/2006 ant #1 's need for new shoes also secured a Physical ant dated 1/3/2007 to address excerpts from this document g: of shoes with a soft leather ole. Both shoes are worn and netal, hinged left ankle foot to the shoe. The leg and ankle uppers of both shoes are so heels are not supported in ge are worn and short. They need to be laced fully.	W	436	W 436 (2,a,b,c,d) Note: This citation refection #2, not client #1. does not use adaptive s A new pair of shoes ha provided for client #2. pair has been ordered Medicaid. In the future, the facili ensure that client #2 al a second pair of shoes up.	Client #1 shoes. Is been A second through ity will lways has	

4/20/2007 14:45 FAX Ø 030/038 PRINTED: 04/05/2007 SEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 MATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G14B 03/15/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAĠ DEFICIENCY) W 436 Continued From page 28 W 436 The shoes and brace should be lightweight secondary to her left lower extremity weakness. " The facility failed to ensure Client #1 was provided the proper Orthotic support as recommended. There was no evidence at the time of survey to substantiate that this recommendation has been reviewed by the home and addressed as required by this section to maintain the integrity of this client 's mobility. W 436 (3) 3. Interview with the attending Nurse at Client Client #2 is currently utilizing #1 's Day Program at 11:45am on 3/14/2007 revealed he was concerned about the circulation the recommended compression in Client #1 's legs due to the poor fit of Client #1 socks. The facility has in stock 's compression socks. Documentation was six of the recommended socks as presented by the Day Program Nurse which back upsin case of wear and tear showed that a nursing consult was sent from the of the current socks. Day Program to the home to address the importance of the need on 2/2/2007. In addition, the Day Program secured a Physical Therapy Client #2 will continue to be assessment on 1/3/2007 which also identified that provided with compression socks " [Client #1] was wearing compression socks. as recommended by her PT and The socks gather at her ankles and lower legs approved by her primary care which may compromise circulation." This PT assessment further recommends that "[Client physician. The House Manager #1] would benefit from custom compression will, on a daily basis check to socks. " Interview with the facility's Qualified ensure that client #2's socks are Mental Retardation Professional (QMRP) and

addressed.

Registered Nurse (RN) at 1:44pm on 3/14/2007

compression socks. There was no evidence at

concern and recommendation for new custom

compression socks by the Day Program has been

the time of survey to substantiate that this

revealed they were not aware there still was a concern by the day program about the

intact and utilized as prescribed.

The facility RN will, on weekly

utilization of her compression

socks to ensure compliance.

basis monitor client #2

04/18/07

	ATEMENT OF DEFICIENCIES DEPLAY OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: 09G148		CLIA (X2) MULT BER: A BUILDI B. WING		(X3) DATE SURVEY COMPLETED 03/15/200	
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1 000	3/13/2007 through four females with v reside in the facility were randomly self findings of the surv observations at the	was conducted from 3/14/2007. Two males /arying degrees of disate. Three of the six residented for the sample. They were based on a group home, interview, and the review of reco	bilities dents The /s with			
	Each GHMRP shall describing the police follow which shall to meet the needs provide guidance to This Statute is not Based on observation (GHMI policies and proceed a systemic breakdomedications during The finding include During observation 3/13/2007 the GHM security of medications during the finding include to ensure compilant assess the facility.	de of the med-pass on MRP failed to ensure the ions during the evening of six ellents residing in no policy and procedure review at the time of size with this section and s proposed management practice. [Reference Report Citation:	will essary d and on at ddress curity of s #2, #4] the re survey d to ent of	1160 A policy and review regarding medication and administration hade available at the Reference Federal de 382-483, 460 (1)(2), the RN will in-service To Medication Employed quarterly on medicate administration protospecified by the Department of the Department of the RN guidelines, Discolumbia.	n protocols nas been e facility. eficiency he facility rained ses (TMEs) tion ocols as artment of	

		DENTIFICATION NUMBER:		A. BUILDII B. WING		COMPLETED 03/15/2007	
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1182	""			The facility's policy procedures manual available to one of t surveyors during the	was made he two		
1 220	3510.1 STAFF TRAINING			1 220			
	working with individual shall be required orientation training the residents in the		etardation plete needs of				
	This Statute Is n		1 h	1	1		1

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 09G148			(XZ) MULTII A. BUILDINI B. WING	PLE CONSTRUCTION G	(X3) DATE SU COMPLE D3/15	JRVEY TED 5/2007	
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	Based on staff inter Group Home for M failed to ensure the ensure the ensure the ensure the ensure the health: [Residents #1, #2, The finding include During afternoon of attending nurse we indicated that she working with the M prior to working with for Mentally Retard Record review on not receive any trailing progranticipation shall and available for more staff interesting to ensure the included the requires and included the requires ession. The finding including training record review of the finding included the requires ession. The finding including the proper written agendas ditraining session.	erview and record reviental Retardation (Get new staff received and well-being of its responsible to the staff received and well-being of its responsible to the staff received and should be record to the staff received and should be record to the staff received and should be record to the staff record and staff record to the staff record review and rec	HMRP) training to esidents. 2007, the te ice ulation to Home to Home to Home to Home to Home that she did staff GHMRP gencies, y. training staff the the esch that the	1 223	On 04/09/07, all staff we serviced in areas such as behavior support plans, dignity and respect, 2-polifting and transfer, implementation of active treatment, overview of a retardation, etc. The QMRP will ensure a new Direct Care Staff Licensed Practical Nurshired, he/she will be prowith the necessary inservice/orientation prior working with residents a facility.	privacy, erson e nental that once or a e is vided r to at this 04/18/07 In the agendas ept in the aform ent re kept in the agendas. will are	
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	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	riclia MBER:	(X2) MULTIF A. BUILDING B. WING		(X3) DATE SU COMPLET	
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1223	Continued From ps may have been file presented during at 3/14/2007].	ige 3 d separately from wh urvey (Interview at 2;	nat was 56pm on	223			
1 224	Ilmited to, the follow (a) Overview of me not limited to, defining retardation, associated the control of individuals with a living akills;	ram shall include, but ving: intal retardation inclu ition, causes of men ated health implication dications, the history mental retardation, a	ding, but tal pas, and of care nd daily	1 224	On 04/09/07, all staff were serviced in areas such as behavior support plans, dignity and respect, 2-pelifting and transfer, implementation of active treatment, and overview mental retardation.	privacy erson	
The state of the s	Based on staff Inte Group Home for M failed to ensure the training on the hea requirements of ca [Residents #1, #2, The finding include Record review rev hired over the past training specific to retardation and its	ring for the mentally #3, #4, #5, #6]	new, the HMRP) effective retarded. e new staff celved atal ce needs		The QMRP will ensure to a new Direct Care Staff Licensed Practical Nurshired, he/she will be prowith the necessary inservice/orientation prior working with residents a facility.	or a e is vided	
1280	PROVISIONS Each Residence I	KEEPING: GENERA Director shall maintai rds and reports as re	n current	1 260	-		

STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		N IDENTIFICATION NUMBER: A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 03/15/2007	
NAME OF PROVIDER OR SUPPLIER* 1814 BUN			ODRESS, CITY, STATE, ZIP CODE JNKER HILL ROAD, NE				
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Tag Continued From page 4 This Statute is not met as evidence Based on staff interview and record GHRMP failed to ensure that data filled in client records were maintain accurate manner to reflect current performance against the requirement behavior management plans for two sampled residents. The findings include: 1. Record review on 3/14/2007 refacility failed to ensure the accurate collection of Resident #1 's malad behaviors of "wrist biting, skin plays cratching "as prescribed in her is support plan. [Reference Federa Report Citation: W252 - 483.440(sting)]		met as evidenced burview and record revensure that data colleds were maintained in reflect current indicast the requirements nent plans for two of sure the accurate datent #1's maladaptivist biting, skin picking escribed in her behaviorence Federal Def/252 - 483.440(e)(1)[v] on 3/14/2007 reveasure the accurate datent #1's maladaptivist biting, skin picking escribed in her behaviorence Federal Def/252 - 483.440(e)(1)[v] on 3/14/2007 reveasure the accurate datent with the accurate dates.	liew, the licted and in an cators of of their the three led that the ta and vior liciency	1 260	1260, 1,2 Staff have been in-ser the behavior support client #1 and client#2 psychologist will, on a basis in-service staff proactive measures, interventions to beha management, docum behavior episodes. The manager will, on a w monitor staff to ensu compliance.	plans for the quarterly on vior entation of the House eekly basis	
126	of spltting " at or of her behavior supposticiency Report 3. Record review facility failed to en keeping of staff to Report Citation: 3 1 3512.2 RECORDI PROVISIONS Each record shall made available at	tent #1 's maladapthon people "as presciont plan. [Reference : Citation: W252 - 46: von 3/14/2007 revealsure the accurate reainings. [Reference i 510.4] KEEPING: GENERA be kept in a centralitial times for inspectional of authorized regions people	eribed in Federal 3.440(e)(1)] Bled the Boord Licensure	l 261	1260, 3 All staff training reco kept at the facility. Pl to 1223.		

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TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER!	(X2) MULTIF A. BUILDING B. WING		(X3) DATE SUR' COMPLETE 03/15/2	ip q
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	Continued From page 5 This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the policy and procedure manual was managed as required by this section. The finding includes: The facility was found to be non-compliant in the areas of Client Protections, Facility Staffing and Active Treatment as found during the annual Federal recertification conducted on 3/13/2007 and presented in the Federal Deficiency Report drafted on 3/14/2007. There was no means available to the survey team at the time of survey to substantiate the GHMRP 's written process for managing client care as found in the observed deficient practices. The facility falled to manage its Policy and Procedures manual as required by this section. [Reference Licensure Deficiency Citation: W122 - 483.420, W158 -			The facility's policy and procedures manual was available to one of the transveyors during the surveyors during the surveyors during to manual staff will be in semi-annually on Whol policy and procedures.	made wo rvey. ced on nagement lure -serviced		
1 422	Each GHMRP shand assistance to the resident's in This Statute is no Based on staff in Group Home for falled to ensure to received the propoutlined in their E [Residents #1, #2]	•	n, training ance with Plan. by: by: cylew, the GHMRP) dents ntions as	. 422			
	The finding inclu	The finding includes:					

Health R	TOF DEFICIENCIES DE CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G148		A BUILDING		(X3) DATE 5UF COMPLET - 03/15	ED	
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1 422	Continued From page 6 During observations of client care on 3/13/2007 the facility failed to implement the proper proactive strategies to managa Resident #1 's maladaptive behaviors of skin picking, wrist biting, and scratching as prescribed in her behavior support plan. The facility also failed to implement the prescribed measures in managing Resident #2 's spitting " at or on people " as outlined in her behavior support plan. [Reference Federal Deficiency Report Citation: W249 - 483.440(d)(1)] 3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.		pper dent #1 's g, wrist n her so failed to in managing ople " as , [Reference N249 - all ensure wed and aw 2-137, this	1 500	Staff have been in-sthe behavior supportient #1 and client psychologist will, or basis in-service state proactive measures interventions to be management, and documentation of lepisodes. The House will, on a weekly be data collection and documentation to compliance.	rt plans for 2. The n a quarterly ff on havior cehavior se manager asis monitor	
	Based on staff in Group Home for falled to ensure received the property outlined in their [Residents #1, #1]. The finding including observative facility falled proactive strate maladaptive be biting, and sore behavior suppoimplement the Resident #2 's	-	review, the n (GHMRP) sidents ventions as l'ans, on 3/13/2007 proper sident #1 ' s ing, wrist d in her also falled to se in managing people " as		Staff have been inthe behavior suppolient #1 and client psychologist will, the basis in-service states proactive measure interventions to be management, and documentation of episodes. The Howell, on a weekly data collection and documentation to compliance.	ort plans for t# 2. The on a quarterly off on es, chavior behavior use manager basis monitor d	

Health Regulation Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER; A BUILDING B. WING 09G14B 03/15/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WHOLISTIC 03 WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFIGIENCY) X4) ID (X5) COMPLETE DATE PREFIX TAG TAG 1500 Continued From page 7 1 500 Federal Deficiency Report Citation: W249 -463.440(d)(1)] Regulation Administration

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